SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm	TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission	ons are required to respond to a collection Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	of information unless it displays a valid OMB control nun 09/955,414 09/18/2001 Parenteau 3738 Gilpin, C. 68603-121
Fee Transmittal Form Fee Attached Amendment/Reply After Final After Final After Final After Final Extension of Time Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts Amendment/Reply Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks Response to Missing Parts Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm To Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Board of Appeals and Interference of Appeals and Interferences Appeal Communication to Board of Appeals and Interferences Appeal Communication to Appeal Communication	EN	CLOSURES (Check all that	apply)
Firm	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) 2 Month Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Postcard
Firm	OLONIA TUDE	OF ADDI ICANT ATTORNS	V OR ACENT
		OF APPLICANT, ATTORNE	T, UK AGENI
Individual name	Firm or Aliso		
Signature Chan E. Corkern	Date Ortale	1 22 2007	

CERTIFICATE OF TRANSMISSION/MAILING

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	1-17	18			Becky Jol	nnson
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Typed or printed name

Date 22 Oct 2003

This collection of information is required by 37 CFR 1.5. Whe information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	.•	for	FY	2004	•

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

210.00 TOTAL AMOUNT OF PAYMENT

Comple	te if Known	
Application Number	09/955,414	
Filing Date	09/18/2001	
First Named Inventor	Parenteau	
Examiner Name	Gilpin, C.	
Art Unit	3738	
Attorney Docket No.	68603-121	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	<u>Large</u>	Entity	Small			
Deposit Account.	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid_
Account Number 08-0219	1051	130	2051		Surcharge - late filing fee or oath	
Deposit Hale and Dorr LLP	1052	50	2052		Surcharge - late provisional filing fee or	
Account Name	4050	400	1053		cover sheet Non-English specification	
The Director is authorized to: (check all that apply)	1053 1812	130 2,520	1812		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	•	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	100-7	320			Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month	210.00
1. BASIC FILING FEE	1253	950	2253		Extension for reply within third month	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$)	1255	2,010	2255	1.005	and the state of the seconds	
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal	
1002 340 2002 170 Design filing fee	1402	330	2402		Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fee	1403	290	2403		Request for oral hearing	
		1,510	1451		Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive - unavoidable	
\$UBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentionaCEIVE	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501		Utility issue fee (or reissue)	
Fee from Ext <u>ra Claims below</u> Fee Paid	1502	480	2502	240	Design issue fee OCT 3 1 200	3
Total Claims20** = X =	1503	640	2503		Plant issue fee	
Independent 3** = X =	1460	130	1460	130	Petitions to the Commission OGY CENTER	R3700
Multiple Dependent 0 = 0	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1800	6 180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	280	9 385	5 Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	. 770	281	0 385	5 For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	180	1 770	2801	385	5 Request for Continued Examination (RCE)	
1	1802		1			
1205 18 2205 9 Reissue claims in excess of 20 and over original patent			1		of a design application	
SUBTOTAL (2) (\$) 0.00		r fee (s		Filte - 1	Can Paid	210.00
**or number previously paid, if greater, For Reissues, see above	'Red	uced b	y Basic	riling i	Fee Paid SUBTOTAL (3) (\$)	210.00

(Complete (if applicable)) SUBMITTED BY Telephone 617-526-6517 Registration No. 52,770 Alison E. Corkery Name (Print/Type) (Attorney/Agent) Signature

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